

**FLORIDA STATE UNIVERSITY
USPS AND A&P
COMPLAINT PROCEDURE**

PART A - EMPLOYEE'S STATEMENT

Employee's Name: _____

Employee ID: _____ Date: _____

Department: _____ Job Title: _____

Immediate Supervisor's Name _____

I have discussed my complaint with my supervisor and the answer was not satisfactory to me. My complaint is as follows: _____

Specifically, I request that the following action be taken as a remedy to my complaint: _____

(If more space is needed, use additional sheets and attach to this page.)

Signed: _____
(Employee)

Received by immediate supervisor: _____
(Signature)

(Date)

(Submit a copy to the Human Resources Department)

COMPLAINT PROCEDURE

PART B - IMMEDIATE SUPERVISOR'S REPLY

My reply to the complaint stated in Part A is: _____

(If more space is needed, use additional sheets and attach to this page.)

Signed: _____ Date: _____
(Immediate Supervisor)



PART C - SECOND LEVEL SUPERVISOR'S COMMENT

My comment about this complaint is: _____

(If more space is needed, use additional sheets and attach to this page.)

Signed: _____ Date: _____
(Second Level Supervisor)

Response provided to employee filing complaint _____
(Employee's Signature)

(Date)

(Submit a copy to the Human Resources Department)

COMPLAINT PROCEDURE

PART D

(To be completed by Employee)

TO: Assistant Vice President and Chief Human Resources Officer

FROM: _____
(Employee's Name)

I have complied with Steps 1 and 2 of the Complaint Procedure and my complaint has not been resolved to my satisfaction. I wish to have my complaint reviewed by a Complaint Review Officer.

NOTE: The Complaint Review Officer may require additional information concerning your complaint. You may be contacted either by phone or asked to meet with the review officer. Should the review officer make such a request, indicate whether you wish personally to provide the information, or list the name, title and phone number of your representative:

(Name) (Title) (Phone)

The Complaint Procedure provides for witnesses, and the review officer, at his/her discretion, to secure additional information as appropriate. If you know of individuals who have direct first-hand knowledge of your complaint and wish the review officer to know of this information, provide the name, title and phone number of each of these individuals. State in detail what information you feel these individuals may provide. Cumulative and repetitive information is not needed. (Attach additional sheets as necessary.)

| <u>Name</u> | <u>Title</u> | <u>Phone</u> |
|-------------|--------------|--------------|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

The Complaint Procedure has been properly followed to date. I am aware that the Human Resources Department will offer assistance and provide information as requested.

Signed: _____
(Employee's Signature)

(Date)

cc: Department Management

COMPLAINT PROCEDURE

PART E

(To be completed by Department Management)

TO: Assistant Vice President and Chief Human Resources Officer

FROM: _____
(Department Management)

SUBJECT: Complaint of _____

The above referenced employee has processed a complaint through Steps 1 and 2 of the Complaint Procedure and has requested a review by a Complaint Review Officer.

NOTE: The Complaint Review Officer may require additional information concerning this complaint. Please indicate the name, title, and telephone number of the department representative who will be available to furnish such information if required. The information may be requested by phone or the department representative may be asked to appear before the review officer.

(Name) (Title) (Phone)

The Complaint Procedure provides for witnesses, and the review officer, at his/her discretion, to secure additional information as appropriate. If you know of individuals who have direct first-hand information, provide the name, title and phone number of each of these individuals. State in detail what information you feel these individuals may provide. Cumulative and repetitive information is not needed. (Attach additional sheets as necessary.)

| <u>Name</u> | <u>Title</u> | <u>Phone</u> |
|-------------|--------------|--------------|
| _____ | | |
| _____ | | |
| _____ | | |

The Complaint Procedure has been properly followed to date. I am aware that the Human Resources Department will offer assistance and provide information as requested.

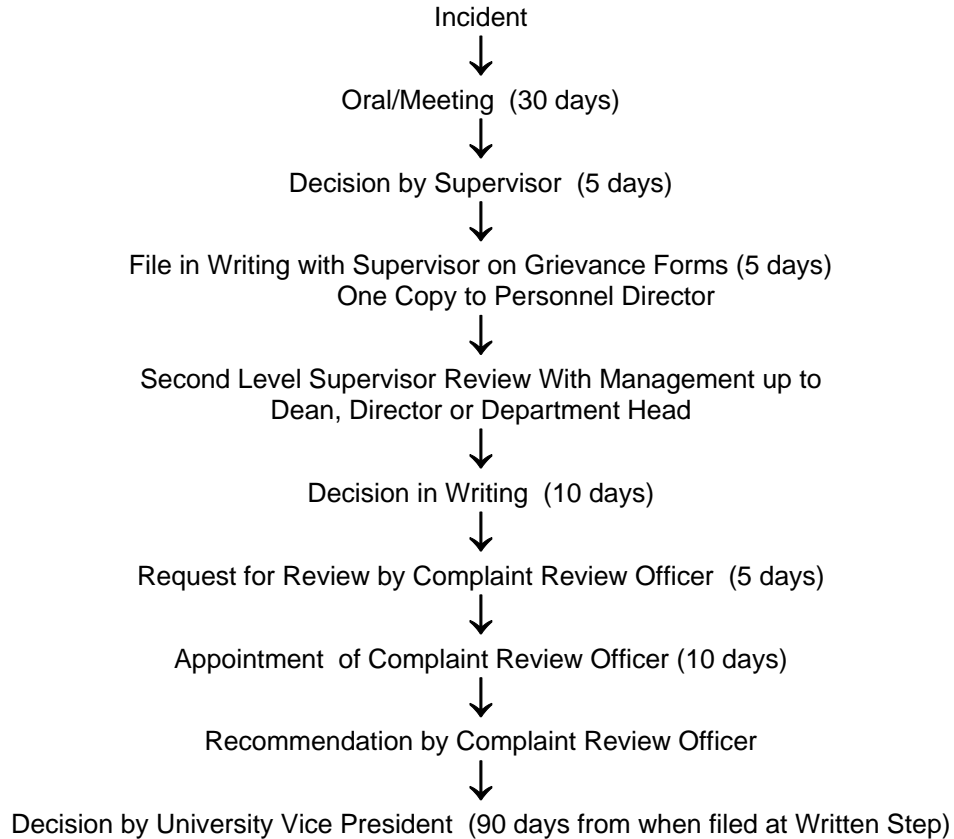
Signed: _____
(Department Management)

(Date)

cc: Employee

COMPLAINT PROCEDURE

Flowchart



All references to days are calendar days.

90 calendar days from date filed in writing
to final decision by University Vice President